

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 306005187  
Report Date: 07/16/2024  
Date Signed: 07/16/2024 02:45:40 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION Lookup Error, , CA
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	FOREVER YOUNG MEMORY CARE	FACILITY NUMBER:	306005187
ADMINISTRATOR/YOUNG, WILLIAM DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	12792 DEAN STREET	TELEPHONE:	(714) 420-2210
CITY:	SANTA ANA	STATE: CA	ZIP CODE: 92705
CAPACITY: 6		CENSUS: 6	DATE: 07/16/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	01:04 PM
MET WITH:	Assist Administrator Jasmine Navarro.	BEGAN: TIME VISIT/ INSPECTION	02:45 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Mary Rico made an unannounced visit to the facility. The purpose of
2	the visit was to conduct a required comprehensive annual inspection. LPA met with Administrator Assist
3	Jasmine was granted entry to the facility. Licensed capacity is (6) current census (6). LPA was
4	accompanied by Assist Administrator Jasmine Navarro to conduct a general overall inspection, which
5	included, but was not limited to, the following:
6	
7	<u>Physical Plant:</u> The facility is operating in the capacity approved by Community Care Licensing (CCL).
8	There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
9	comfortable temperature. LPA inspected client bedrooms; they are equipped with required furniture such
10	as: mattresses, nightstands, storage space, and sufficient lighting; bathrooms were clean, and
11	appliances were operating appropriately. LPA observed sufficient furniture and lighting throughout the
12	facility. The facility is equipped with operating smoke detectors and carbon monoxide alarms. Posters
13	such as personal rights, the CCL complaint poster, and the disaster plan were posted in a common area.
14	Cleaning supplies, toxins, sharps, and other dangerous items were kept inaccessible to clients in care.
15	There was a designated space for client/staff files. Overall, the facility is clean, in good repair, and
16	operating in safe conditions for clients in care.
17	
18	<u>Food Service:</u> Non-perishable and perishable food supply is sufficient for number of clients in care.
19	Facility has a variety of food available for clients. Dishes, cups, and utensils were also stored properly.
20	
21	<u>Care &amp; Supervision:</u> Facility has sufficient care staff for coverage 24 hours a day, 7 days a week.
22	
23	<u>Record Review:</u> LPA reviewed (3) client file for admission agreements, updated physician reports, and
24	needs and services plans. LPA audit (3) medications. LPA also reviewed (2) staff files for First Aid/CPR
25	certification, criminal record clearance, trainings, and health screening.

Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6, of the California Code of Regulations.

An exit interview was conducted, and this report (LIC809) was discussed and provided to Assist Administrator Jasmine Navarro.

**NAME OF LICENSING PROGRAM MANAGER:** Efren Malagon

**NAME OF LICENSING PROGRAM ANALYST:** Mary Rico

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/16/2024

**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/16/2024

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**